Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Address: 3648 Likini Street, Honolulu, Hawaii 96818	Facility's Name: Gamiao, Nayda ARCH/E-ARCH
Inspection Date: April 11, 2019 Annual	CHAPTER 100.1

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT WITHOUT YOUR RESPONSE.

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		FINDINGS Resident #1 – "Tylenol 500mg tab, take 1 tablet PO every 4 hours prn fever ≥ 100F or pain, NTE 3g/24 hours" in medication bin with expiration date of 8/2018.	§11-100.1-15 <u>Medications.</u> (1) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.	RULES (CRITERIA)
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	FINDINGS Resident #1 — "Tylenol 500mg tab, take 1 tablet PO every 4 hours prn fever ≥ 100F or pain, NTE 3g/24 hours" in medication bin with expiration date of 8/2018.	§11-100.1-15 <u>Medications.</u> (I) There shall be an acceptable procedure to separately secure medication or dispose of discontinued medications.	RULES (CRITERIA)
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	Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency; FINDINGS Resident #1 — No recordation of monthly weight from June 2018 to March 2019. "Height and Weight Record" states "bedbound." No other method performed to assess nutritional status of resident. Resident #2 — No recordation of monthly weight from May 2018 to March 2019. "Height and Weight Record" states "bedbound." No other method performed to assess nutritional status of resident.	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:	RULES (CRITERIA)
4	after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.	PART 1	PLAN OF CORRECTION
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	Resident #2 – No recordation of monthly weight from May 2018 to March 2019. "Height and Weight Record" states "bedbound." No other method performed to assess nutritional status of resident.	FINDINGS Resident #1 – No recordation of monthly weight from June 2018 to March 2019. "Height and Weight Record" states "bedbound." No other method performed to assess nutritional status of resident.	Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;	§11-100.1-17 Records and reports. (b)(7) During residence, records shall include:	NOLES (CMIENIA)
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	Fire prevention protection. Fire prevention protection. Type I ARCHs shall be in compliance with, but not limited to, the following provisions: Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either: FINDINGS Resident #5 – No documented evidence of current self-preservation status certified by a physician.	RULES (CRITERIA)
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	FINDINGS Resident #5 – No documented evidence of current self- preservation status certified by a physician.	Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:	Type I ARCHs shall be in compliance with, but not limited to, the following provisions:	§11-100.1-23 Physical environment. (g)(3)(I) Fire prevention protection.	RULES (CRITERIA)
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	th, infection control and th, infection control and sanitized after every tize every day."	§11-100.1-23 Physical environment. (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.	RULES (CRITERIA)
8	USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY Yes, We will and Santized all utensits and disher After each use; After each use; We will help to the state of	PART 1 DID YOU CORRECT THE DEFICIENCY?	PLAN OF CORRECTION
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	All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety; FINDINGS Dishes and utensils not cleaned and sanitized after every use. Primary caregiver stated, "Sanitize every day."	§11-100.1-23 <u>Physical environment</u> . (h)(3) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.	RULES (CRITERIA)
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	§11-100.1-83 Personnel and staffing requirements. (5) In addition to the requirements in subchapter 2 and 3: Primary and substitute care givers shall have documented evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents. FINDINGS SCG #4 – No documented evidence of successful completion of twelve (12) hours of continuing education courses within past year.
STATE LICENSING STATE LICENSING	Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.
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N.					FINDINGS SCG #4 – No documented evidence of successful completion of twelve (12) hours of continuing education courses within past year.	evidence of successful completion of twelve hours of continuing education courses per year on subjects pertinent to the management of an expanded ARCH and care of expanded ARCH residents.	Primary and substitute care givers shall have documented	§11-100.1-83 <u>Personnel and staffing requirements.</u> (5) In addition to the requirements in subchapter 2 and 3:	RULES (CRITERIA)
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	§11-100.1-88 Case management qualifications and services. (c)(3) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate; FINDINGS Resident #1 – Care plan labeled, "At risk for nutritional deficit," has a desired outcome, "On a monthly basis, pt will not lose 5 lbs or will not have a decrease in arm circumference measurements." Unable to assess desired outcome for care plan on a monthly basis due to no documented evidence of monthly weight or arm circumference from June 2018 to March 2019.	RULES (CRITERIA)
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	Resident #1 – Care plan labeled, "At risk for nutritional deficit," has a desired outcome, "On a monthly basis, pt will not lose 5 lbs or will not have a decrease in arm circumference measurements." Unable to assess desired outcome for care plan on a monthly basis due to no documented evidence of monthly weight or arm circumference from June 2018 to March 2019.	Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Review the care plan monthly, or sooner as appropriate:	§11-100.1-88 Case management qualifications and services. (c)(3)	RULES (CRITERIA)
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			FINDINGS Resident #1 – No care giver training on how to measure arm circumference in the absence of obtaining a weight for a resident.	Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided;	surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall:	§11-100.1-88 Case management qualifications and services. (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident resident's family or	KULES (CKITERIA)
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	surrogate in collaboration with the primary care giver and physician or APRN. The case manager shall: Provide ongoing evaluation and monitoring of the expanded ARCH resident's status, care giver's skills, competency and quality of services being provided; FINDINGS Resident #1 – No care giver training on how to measure arm circumference in the absence of obtaining a weight for a resident.	§11-100.1-88 <u>Case management qualifications and services.</u> (c)(9) Case management services for each expanded ARCH resident shall be chosen by the resident, resident's family or	RULES (CRITERIA)
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